

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12-12-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 97545WHAP and 97546WHAP.

II. FINDINGS

The respondent denied reimbursement “from 2-24-03 through 3-4-03, CPT codes 97545 and 97546 based upon V – Unnecessary medical treatment or services. Peer Review attached.”

On 1-26-04, the requestor withdrew the medical necessity portion of the dispute.

III. RATIONALE

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. The requestor submitted a copy of a signed certified green card that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MARS (Maximum Allowable Reimbursement) | Reference | Rationale |
|---------|---------------|----------|--------|-----------------|--|---------------------|---|
| 3-5-03 | 97545WHAP (2) | \$128.00 | \$0.00 | No EOB | \$64.00 / hr for CARF Accredited | Medicine GR (II)(E) | MAR reimbursement for (7 hours) work hardening per MFG = reimbursement of \$64.00 X 7 = \$448.00. |
| | 97546WHAP (5) | \$320.00 | | | | | |
| 3-11-03 | 97545WHAP (2) | \$128.00 | \$0.00 | | \$64.00 / hr for CARF Accredited | Medicine GR (II)(E) | MAR reimbursement for (5 hours) work hardening per MFG = reimbursement of \$64.00 X 5 = \$320.00. |
| | 97546WHAP (3) | \$192.00 | | | | | |

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 97545WHAP and 97546WHAP, in the amount of **\$768.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$768.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of January 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division